



FORM LM-2 LABOR ORGANIZATION ANNUAL REPORT

Form Approved
Office of Management and Budget
No. 1215-0188
Expires: 11-30-2002

**MUST BE USED BY LABOR ORGANIZATIONS WITH \$200,000 OR MORE IN
TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS IN TRUSTEESHIP**

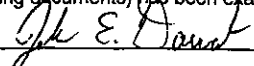
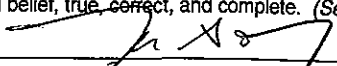
This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

For Official Use Only 	1. FILE NUMBER 0 5 9 - 8 4 9	2. PERIOD COVERED MO DAY YEAR From 0 7 0 1 2 0 0 0 Through 0 6 3 0 2 0 0 1	3. (a) AMENDED — If this is an amended report correcting a previously filed report, check here: <input type="checkbox"/> (b) TERMINAL — If your organization ceased to exist and this is its terminal report, see Section XII of the instructions and check here: <input type="checkbox"/> (c) SUBSIDIARY — If this is a report for a subsidiary organization of your union as defined in Section X of the instructions, check here: <input type="checkbox"/>
	8. MAILING ADDRESS (Type or print in capital letters.) First Name J . A . Last Name L A W R E N C E P.O. Box • Building and Room Number (if any) S U I T E 5 0 0 Number and Street 1 4 6 0 0 T R I N I T Y B O U L E V A R D City F O R T W O R T H State T X ZIP Code + 4 7 6 1 5 5 - 2 5 1 2		
IMPORTANT JOHN LAWRENCE (2) 059-849 PILOTS ASSOCIATION ALLIED 420 SUITE 500 14600 TRINITY BLVD FORT WORTH, TX 761552512 6/2001 			
4. AFFILIATION OR ORGANIZATION NAME ALLIED PILOTS ASSOCIATION		6. DESIGNATION NUMBER N/A	
5. DESIGNATION (Local, Lodge, etc.) N/A		7. UNIT NAME (if any) N/A	
9. Are your organization's records kept at its mailing address? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (If "No," provide address in Item 75.)			

75. ADDITIONAL INFORMATION (If more space is needed, attach additional pages properly identified.)	
Item Number	SEE ATTACHED STATEMENT 1.

Each of the undersigned, duly authorized officers of the above labor organization, declares, under the applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VI on penalties in the instructions.)

76. SIGNED:  9/26/01 (817) 302-2272 Date Telephone Number	PRESIDENT (If other title, see instructions.)	77. SIGNED:  9/26/01 (817) 302-2272 Date Telephone Number	TREASURER (If other title, see instructions.)
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During the Reporting Period Did Your Organization:

- | | Yes | No |
|--|----------|----------|
| 10. Have a "subsidiary organization" as defined in Section X of the instructions? | <u>X</u> | |
| 11. Create or participate in the administration of a trust or other fund or organization, as defined in the instructions, which provides benefits for members or their beneficiaries? | <u>X</u> | |
| 12. Have a political action committee (PAC) fund? | <u>X</u> | |
| 13. Acquire or dispose of any goods or property in any manner other than by purchase or sale? | | <u>X</u> |
| 14. Have an audit or review of its books and records by an outside accountant or by a parent body auditor/representative? | <u>X</u> | |
| 15. Discover any loss or shortage of funds or other property?
<i>(Answer "Yes" even if there has been repayment or recovery.)</i> | | <u>X</u> |
| 16. Have any officer who was paid \$10,000 or more by your organization and also received \$10,000 or more as an officer or employee of another labor organization or of an employee benefit plan? | | <u>X</u> |
| 17. Liquidate or reduce any liabilities without disbursement of cash? | | <u>X</u> |

(If the answer to any of the above questions is "Yes," provide details in Item 75 on page 1 as explained in the instructions for each item.)

18. How many members did your organization have at the end of the reporting period? 1 1 3 0 0
19. What is the date of your organization's next regular election of officers?
MO YEAR
0 5 2 0 0 4
20. What is the maximum amount recoverable under your organization's fidelity bond for a loss caused by any officer or employee of your organization? \$ 5 0 0 0 0 0
21. What are your organization's rates of dues and fees?
(Enter a minimum and maximum if more than one rate applies for any line.)

Rates of Dues and Fees	
(a) Regular Dues/Fees	\$ 1.5% SALARY per MONTH (Month, Year, etc.)
(b) Initiation Fees	\$ 25
(c) Transfer Fees	\$ N/A
(d) Work Permits	\$ N/A per N/A (Month, Year, etc.)

22. During the reporting period, did your organization have any changes in its constitution and bylaws (other than rates of dues and fees) or in practices/procedures listed in the instructions?
(If the constitution and bylaws have changed, attach two new dated copies. If practices/procedures have changed, see the instructions.) Yes No
X
23. Were any of your organization's assets pledged as security or encumbered in any other way at the end of the reporting period? X
24. Did your organization have any contingent liabilities at the end of the reporting period? X

(If the answer to Item 23 or 24 is "Yes," provide details in Item 75 on page 1.)

STATEMENT A — ASSETS AND LIABILITIES

FILE NUMBER: 0 5 9 - 8 4 9

Complete Schedules 1 Through 15 Before Completing Statement A

Enter Amounts in Dollars Only — Do Not Enter Cents

	ASSETS	From SCH #	Start of Reporting Period (A)	End of Reporting Period (B)
	Item			
ASSETS	25. Cash	1	2 4 8 9 2 1 1	5 8 8 8 1 8 9
	26. Accounts Receivable		0 0	0 0
	27. Loans Receivable		1 2 2 3 5 0	5 2 7 5 6
	28. U.S. Treasury Securities		6 7 8 0 2 3	1 2 4 4 2 3 0
	29. Investments	2	8 1 3 3 6 2 6	7 2 2 1 5 6 6
	30. Fixed Assets	5	7 6 6 7 9 2 6	7 1 8 5 0 0 9
	31. Other Assets	3	2 3 2 2 4 8 3 0	2 6 9 6 9 8 8
	32. TOTAL ASSETS		4 2 3 1 5 9 6 6	2 4 2 8 8 7 3 8
LIABILITIES	33. Accounts Payable	8	5 9 7 5 3 9	6 7 2 2 9 9
	34. Loans Payable		0 0	2 7 4 8 9 9 3 2
	35. Mortgages Payable		0 0	0 0
	36. Other Liabilities		4	3 3 7 4 9 4 9
	37. TOTAL LIABILITIES		3 9 7 2 4 8 8	3 4 5 8 3 3 8 2
	38. NET ASSETS (Item 32 less Item 37)		3 8 3 4 3 4 7 8	- 1 0 2 9 4 6 4 4

STATEMENT B — RECEIPTS AND DISBURSEMENTS

FILE NUMBER: 0 5 9 — 8 4 9

Complete Schedules 1 Through 15 Before Completing Statement B

Enter Amounts in Dollars Only — Do Not Enter Cents

CASH RECEIPTS		From SCH #	AMOUNT	CASH DISBURSEMENTS		From SCH #	AMOUNT
Item				Item			
39. Dues			1 8 5 6 6 2 4 5	56. To Officers	9		2 4 5 5 8 9 4
40. Per Capita Tax			0 0	57. To Employees	10		5 4 9 4 9 3 5
41. Fees			0 0	58. Per Capita Tax			0 0
42. Fines			0 0	59. Fees, Fines, Assessments, etc.			2 9 9 2 2 9 7 3
43. Assessments			0 0	60. Office & Administrative Expense	13		1 9 3 1 3 1 6
44. Work Permits			0 0	61. Educational & Publicity Expense ...			0 0
45. Sale of Supplies			0 0	62. Professional Fees			4 0 9 2 9 3 5
46. Interest			2 9 8 0 8 3 4	63. Benefits	11		1 5 2 8 1 9 6
47. Dividends			0 0	64. Contributions, Gifts & Grants	12		4 1 5 0
48. Rents			5 5 8 5 6 9	65. Supplies for Resale			0 0
49. Sale of Investments & Fixed Assets	6		9 1 4 2 0 7 0	66. Direct Taxes			1 5 0 9 9 0
50. Loans Obtained	8		4 7 7 7 2 2 3 9	67. Withholding Taxes			2 2 2 0 6 3
51. Repayments of Loans Made	1		6 9 5 9 4	68. Purchase of Investments & Fixed Assets	7		7 7 4 4 6 5 7
52. On Behalf of Affiliates for Transmittal to Them			0 0	69. Loans Made	1		0 0
53. From Members for Disbursement on Their Behalf			0 0	70. Repayment of Loans Obtained	8		2 0 2 8 2 3 0 7
54. Other Receipts	14		4 9 9 7	71. To Affiliates of Funds Collected on Their Behalf			0 0
				72. On Behalf of Individual Members ...			3 5 1 1 6 4
				73. Other Disbursements	15		1 5 1 3 9 9 0
55. TOTAL RECEIPTS			7 9 0 9 4 5 4 8	74. TOTAL DISBURSEMENTS			7 5 6 9 5 5 7 0

If more space is needed to complete Schedules 1 through 8 or 11 through 15, continue on additional pages, using the same column headings used on the schedule, and enter the totals on the line provided for additional pages in each schedule. For Schedules 9 and 10, use the continuation pages provided.

FILE NUMBER: 0 5 9 — 8 4 9

Enter Amounts in Dollars Only — Do Not Enter Cents

SCHEDULE 1 — LOANS RECEIVABLE

List below loans to officers, employees, or members which at any time during the reporting period exceeded \$250 and list all loans to business enterprises regardless of amount. (A)	Loans Outstanding at Start of Period (B)	Loans Made During Period (C)	Repayments Received During Period		Loans Outstanding at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1. Name: <u>FURLOUGH PILOT LOAN FUND</u> Purpose: <u>SEE STATEMENT 2</u> Security: <u>SEE STATEMENT 2</u> Terms of Repayment: <u>SEE STATEMENT 2</u>	99,770		64,499		35,271
2. Name: <u>EMERGENCY RELIEF FUND</u> Purpose: <u>SEE STATEMENT 2</u> Security: <u>SEE STATEMENT 2</u> Terms of Repayment: <u>SEE STATEMENT 2</u>	22,580		5,095		17,485
3. Name: _____ Purpose: _____ Security: _____ Terms of Repayment: _____					
4. Totals from additional pages (if any)					
5. Totals of loans not listed above					
6. Totals of Lines 1 through 5	1 2 2 3 5 0		6 9 5 9 4		5 2 7 5 6
Enter the Totals from Line 6 in <div style="display: flex; justify-content: space-between; width: 100%;"> <div> ↑ Item 27 Column (A) </div> <div> ↑ Item 69 </div> <div> ↑ Item 51 </div> <div> ↑ Item 75 with Explanation </div> <div> ↑ Item 27 Column (B) </div> </div>					

SCHEDULE 2 — INVESTMENTS (OTHER THAN U.S. TREASURY SECURITIES)

FILE NUMBER: 0 5 9 — 8 4 9

Description (A)	Amount (B)
Marketable Securities	
1. Total Cost	6,275,415
2. Total Book Value	7,221,566
3. List each marketable security which has a book value over \$1,000 and exceeds 20% of Line 2.	
(a) NONE OVER 20% OF LINE 2	
(b)	
(c)	
(d)	
Other Investments	
4. Total Cost	
5. Total Book Value	
6. List each other investment which has a book value over \$1,000 and exceeds 20% of Line 5. Also list each subsidiary for which separate reports are attached.	
(a)	
(b)	
(c)	
(d)	
(e) Total from additional pages (if any)	
7. Total of Lines 2 and 5	7 2 2 1 5 6 6
Enter the Total from Line 7 in Item 29, Column (B)	

SCHEDULE 3 — OTHER ASSETS

Description (A)	Book Value (B)
1. INTEREST RECEIVABLE	142,629
2. DUES RECEIVABLE	1,867,957
3. OTHER MEMBER RECEIVABLES	46,308
4. DEFERRED RENT	66,004
5. INSURANCE RECEIVABLE	571,546
6. Total from additional pages (if any)	2,544
7. Total of Lines 1 through 6	2 6 9 6 9 8 8
Enter the Total from Line 7 in Item 31, Column (B)	

SCHEDULE 4 — OTHER LIABILITIES

Description (A)	Amount at End of Period (B)
1. FLIGHT PAY LOSS PAYABLE	855,671
2. RETIREMENT PLAN PAYABLE	248,292
3. POSTRETIREMENT PLAN PAYABLE	1,717,722
4. MEMBER EMERGENCY RELIEF FUND	108,879
5. DEFERRED REVENUE	2,679,043
6. Total from additional pages (if any)	811,544
7. Total of Lines 1 through 6	6 4 2 1 1 5 1
Enter the Total from Line 7 in Item 36, Column (D)	

SCHEDULE 5 — FIXED ASSETS

FILE NUMBER: 0 5 9 — 8 4 9

Description (A)	Cost or Other Basis (B)	Total Depreciation or Amount Expensed (C)	Book Value (D)	Fair Market Value (E)
1. Land (give location): 14600 TRINITY BLVD., FT WORTH, TX	870,200		870,200	870,200
2. Totals from additional pages (if any)				
3. Buildings (give location): 14600 TRINITY BLVD., FT WORTH, TX	6,625,425	837,013	5,788,412	3,109,526
4. Totals from additional pages (if any)				
5. Automobiles and Other Vehicles	20,222	20,222	00	00
6. Office Furniture and Equipment	3,163,797	2,637,400	526,397	526,397
7. Other Fixed Assets	00	00	00	00
8. Totals of Lines 1 through 7	10,679,644	3,494,635	7 1 8 5 0 0 9	4,506,123
Enter the Total from Line 8, Column (D) in Item 30, Column (B)				

SCHEDULE 6 — SALE OF INVESTMENTS AND FIXED ASSETS

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Gross Sales Price (D)	Amount Received (E)
1. MARKETABLE SECURITIES	9,303,324	9,303,324	9,570,434	9,570,434
2. FIXED ASSETS	00	00	00	00
3.				
4.				
5. Totals from additional pages (if any)				
6. Totals of Lines 1 through 5	9,303,324	9,303,324	9,570,434	9,570,434
		7. Less Reinvestments		428,364
		8. Net Sales		9 1 4 2 0 7 0
Enter the Total from Line 8 in Item 49				

SCHEDULE 7 — PURCHASE OF INVESTMENTS AND FIXED ASSETS

FILE NUMBER: 0 5 9 - 8 4 9

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Cash Paid (D)
1. MARKETABLE SECURITIES	7,547,971	7,547,971	7,547,971
2. FIXED ASSETS	196,686	196,686	196,686
3.			
4.			
5. Totals from additional pages (if any)			
6. Totals of Lines 1 through 5			7,744,657
	7. Less Reinvestments		00
	8. Net Purchases		7 7 4 4 6 5 7
Enter the Total from Line 8 in ↑ Item 68			

SCHEDULE 8 — LOANS PAYABLE

Source of Loans Payable at Any Time During the Reporting Period (A)	Loans Owed at Start of Period (B)	Loans Obtained During Period (C)	Repayment Made During Period		Loans Owed at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1. AMERICAN AIRLINES	00	47,772,239	20,282,307	00	27,489,932
2.					
3.					
4.					
5. Totals from additional pages (if any)					
6. Totals of Lines 1 through 5	0 0	47 7 7 2 2 3 9	20 2 8 2 3 0 7	0 0	27 4 8 9 9 3 2
<div style="display: flex; justify-content: space-between;"> Enter the Totals from Line 6 in ↑ Item 34 Column (C) ↑ Item 50 ↑ Item 70 ↑ Item 75 with Explanation ↑ Item 34 Column (D) </div>					

SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

FILE NUMBER: 0 5 9 - 8 4 9

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)*					
Last Name	First Name					
1. A I T K E N	A L	4 8 0 9 4	0 0	1 2 5 2 4	1 7 9	6 0 7 9 7
Title C H A I R M A N - D C	Status C					
2. A L D R I C H	D A V I D	4 7 1 1 9	0 0	1 2 9 3 6	1 6 5 7	6 1 7 1 2
Title F M R C H A I R M A N - O R D	Status P					
3. A M E S	R O B E R T	1 3 6 1 7 8	8 0 0 0	1 8 9 8 1	1 5 0 4	1 6 4 6 6 3
Title V I C E P R E S I D E N T	Status C					
4. A N N A B L E	J A M E S	5 3 0 2 7	0 0	6 4 1 9	2 8 6	5 9 7 3 2
Title V C H A I R M A N - D C	Status C					
5. B A C O N	S T E P H E N	4 0 8 3 1	0 0	9 5 1 2	1 1 7 3	5 1 5 1 6
Title F M R V C H A I R M A N B O S	Status P					
6. B E A L L	P H I L L I P	1 2 1 1 7 4	0 0	8 3 9 9	3 0 5	1 2 9 8 7 8
Title C H A I R M A N - D E W	Status C					
7. B L O O M	T H O M A S	5 6 4 3 7	0 0	7 1 8 0	1 6 1 7	6 5 2 3 4
Title C H A I R M A N - O R D	Status C					
8. Totals from additional pages (if any)		1,612,880	52,000	221,080	22,431	1,908,391
9. Totals of Lines 1 through 8		2,115,740	60,000	297,031	29,152	2,501,923
				10. Less Deductions 4 6 0 2 9		
Enter the Total from Line 11 in Item 56 ➡				11. Net Disbursements 2 4 5 5 8 9 4		

*Code for Status (C): past officer — P; continuing officer — C; new officer during the reporting period — N.

(If any officer was not elected at a regular election in accordance with your organization's constitution and bylaws, explain in Item 75 on page 1.)

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES

FILE NUMBER: 0 5 9 - 8 4 9

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
1. Last Name: A L D R E D G E First Name: P H I L Position: E M P L O Y E E Name of Affiliated Organization:	2 5 9 5 5	0 0	7 4	0 0	2 6 0 2 9
2. Last Name: B A R K A T E First Name: J O S E P H Position: M E M B E R Name of Affiliated Organization:	8 1 2 8 1	0 0	6 6 8 7	0 0	8 7 9 6 8
3. Last Name: B A R S H E S First Name: B A R B A R A Position: A C C T G M A N A G E R Name of Affiliated Organization:	5 9 0 0 0	0 0	0 0	0 0	5 9 0 0 0
4. Last Name: B I C K H A U S First Name: B E R N A R D Position: M G R - S A F E T Y T R A I N Name of Affiliated Organization:	8 8 2 0 1	0 0	1 3 2 2 6	0 0	1 0 1 4 2 7
5. Last Name: B I S S E L L First Name: S T A N L E Y Position: M E M B E R Name of Affiliated Organization:	1 7 1 9 4 4	0 0	2 3 9 1 9	1 5 1	1 9 6 0 1 4
6. Totals from additional pages (if any)	4,417,629	00	399,318	10,854	4,827,801
7. Totals for all employees who, during the reporting period, received \$10,000 or less in total disbursements from your organization and any affiliates	279,509	00	86,217	7,005	372,731
8. Totals of Lines 1 through 7	5,123,519	00	529,441	18,010	5,670,970
			9. Less Deductions		1 7 6 0 3 5
Enter the Total from Line 10 in Item 57 ⇨			10. Net Disbursements		5 4 9 4 9 3 5

SCHEDULE 11 — BENEFITS

FILE NUMBER: 0 5 9 — 8 4 9

Description (A)	To Whom Paid (B)	Amount (C)
1. PENSION CONTRIBUTIONS	AMERICAN AIRLINES	551,513
2. PENSION CONTRIBUTIONS	FIDELITY INVESTMENTS	371,817
3. LIFE INSURANCE	PRUDENTIAL	16,689
4. EMPLOYMENT FEES	MISCELLANEOUS VENDORS	22,072
5. Total from additional pages (if any)		566,105
6. Total of Lines 1 through 5		1 5 2 8 1 9 6
Enter the Total from Line 6		↑ Item 63


SCHEDULE 12 — CONTRIBUTIONS, GIFTS & GRANTS

Description (A)	Amount (B)
1. GREY EAGLES	2,000
2. TOKYO RAIDERS ASSN EDUCATION FUND	1,000
3. MID-CITIES MOTHERS OF MULTIPLES	1,000
4. MOTHERS AGAINST DRUNK DRIVERS	50
5. MAKE A WISH FOUNDATION	50
6. AMERICAN HEART ASSOCIATION	50
7. Total from additional pages (if any)	
8. Total of Lines 1 through 7	4 1 5 0
Enter the Total from Line 8 in ↑ Item 64	


SCHEDULE 13 — OFFICE & ADMINISTRATIVE EXPENSE

Description (A)	Amount (B)
1. RENT	322,093
2. OFFICE ADMINISTRATION	30,235
3. SUPPLIES	349,503
4. POSTAGE AND DELIVERY	388,103
5. REPAIRS AND MAINTENANCE	124,080
6. SUBSCRIPTIONS	81,172
7. Total from additional pages (if any)	636,130
8. Total of Lines 1 through 7	1 9 3 1 3 1 6
Enter the Total from Line 8 in ↑ Item 60	

SCHEDULE 14 — OTHER RECEIPTS

Description (A)	Amount (B)
1. DISCOUNTS EARNED	511
2. FLIGHTLINE ADS	4,232
3. OTHER REVENUE	254
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	4 9 9 7
Enter the Total from Line 17 in  Item 54	

SCHEDULE 15 — OTHER DISBURSEMENTS

Description (A)	Amount (B)
1. MEETINGS AND SEMINARS	560,305
2. OUTSIDE SERVICES	527,901
3. AWARDS/RETIREMENTS	62,012
4. TRAINING	74,053
5. PROPERTY MANAGEMENT FEES	27,315
6. INVESTMENT FEES	14,283
7. OTHER MEMBER RELATED COSTS	248,121
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	1 5 1 3 9 9 0
Enter the Total from Line 17 in  Item 73	

ORGANIZATION NAME: Allied Pilots Association

ENDING DATE OF PERIOD COVERED: June 30, 2001

FILE NUMBER: 0 5 9 - 8 4 9

PAGE 1 OF 3 ADDITIONAL PAGES

SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS (continued)

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)					
Last Name: B U R Y First Name: J O H N Title: S E C R E T A R Y - T R E A S Status: N		4 6 9 7 5	6 0 0 0	4 9 9 7	0 0	5 7 9 7 2
Last Name: C L A R K First Name: J O H N Title: F M R V C H A I R M A N L A X Status: P		7 0 3 7 8	0 0	1 4 8 4 6	1 2 3 4	8 6 4 5 8
Last Name: D A R R A H First Name: J O H N Title: P R E S I D E N T Status: N		1 2 2 0 8 7	1 0 0 0 0	5 3 3 9	5 4 7	1 3 7 9 7 3
Last Name: D E L L A G R E C A First Name: D E N N I S Title: F M R C H A I R M A N - N Y Status: P		4 9 1 5 8	0 0	9 6 1 8	2 1 1 1	6 0 8 8 7
Last Name: D U N N I N G First Name: R O B E R T Title: V C H A I R M A N - S F O Status: C		3 5 2 5 6	0 0	4 8 8 0	0 0	4 0 1 3 6
Last Name: E I T E L First Name: D A V I D Title: C H A I R M A N - S F O Status: C		3 5 6 8 9	0 0	8 6 8 2	0 0	4 4 3 7 1
Last Name: F A R R E L L First Name: J O H N Title: C H A I R M A N - N Y Status: C		4 0 2 8 7	0 0	9 0 1 5	0 0	4 9 3 0 2
Last Name: F R A Z E R First Name: T H O M A S Title: C H A I R M A N - M I A Status: C		2 7 0 5 4	0 0	6 4 0 1	0 0	3 3 4 5 5
Totals		426,884	16,000	63,778	3,892	510,554

ORGANIZATION NAME:

FILE NUMBER:

ENDING DATE OF PERIOD COVERED:

PAGE OF ADDITIONAL PAGES**SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS (continued)**

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>	Status (C)	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>						
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <div style="border-bottom: 1px solid black; margin-bottom: 2px;">Last Name</div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;">First Name</div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;">Title</div> </div> <div style="width: 40%; text-align: right;"> <div style="border-bottom: 1px solid black; margin-bottom: 2px;">Status</div> </div> </div>						
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <div style="border-bottom: 1px solid black; margin-bottom: 2px;">Last Name</div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;">First Name</div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;">Title</div> </div> <div style="width: 40%; text-align: right;"> <div style="border-bottom: 1px solid black; margin-bottom: 2px;">Status</div> </div> </div>						
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <div style="border-bottom: 1px solid black; margin-bottom: 2px;">Last Name</div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;">First Name</div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;">Title</div> </div> <div style="width: 40%; text-align: right;"> <div style="border-bottom: 1px solid black; margin-bottom: 2px;">Status</div> </div> </div>						
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <div style="border-bottom: 1px solid black; margin-bottom: 2px;">Last Name</div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;">First Name</div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;">Title</div> </div> <div style="width: 40%; text-align: right;"> <div style="border-bottom: 1px solid black; margin-bottom: 2px;">Status</div> </div> </div>						
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <div style="border-bottom: 1px solid black; margin-bottom: 2px;">Last Name</div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;">First Name</div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;">Title</div> </div> <div style="width: 40%; text-align: right;"> <div style="border-bottom: 1px solid black; margin-bottom: 2px;">Status</div> </div> </div>						
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <div style="border-bottom: 1px solid black; margin-bottom: 2px;">Last Name</div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;">First Name</div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;">Title</div> </div> <div style="width: 40%; text-align: right;"> <div style="border-bottom: 1px solid black; margin-bottom: 2px;">Status</div> </div> </div>						
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <div style="border-bottom: 1px solid black; margin-bottom: 2px;">Last Name</div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;">First Name</div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;">Title</div> </div> <div style="width: 40%; text-align: right;"> <div style="border-bottom: 1px solid black; margin-bottom: 2px;">Status</div> </div> </div>						
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <div style="border-bottom: 1px solid black; margin-bottom: 2px;">Last Name</div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;">First Name</div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;">Title</div> </div> <div style="width: 40%; text-align: right;"> <div style="border-bottom: 1px solid black; margin-bottom: 2px;">Status</div> </div> </div>						
Totals						

ORGANIZATION NAME: Allied Pilots Association

ENDING DATE OF PERIOD COVERED: June 30, 2001

FILE NUMBER: 0 5 9 - 8 4 9

PAGE 2 OF 3 ADDITIONAL PAGES

SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS (continued)

(A) Name (List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title (Enter title of officer, such as PRESIDENT or TREASURER.)	Status (C)					
Last Name: H A L L First Name: D A N I E L		7 6 5 8 2	0 0	1 8 3 0 2	1 8 1 0	9 6 6 9 4
Title: F M R C H A I R M A N - L A X Status: P						
Last Name: H I L L First Name: L L O Y D		1 2 1 8 8 2	0 0	1 3 7 2 1	2 0 8 2	1 3 7 6 8 5
Title: F M R C H A I R M A N - M I A Status: P						
Last Name: H U N N I B E L L First Name: M A R K		4 6 8 3 5	0 0	9 7 0 9	1 7 2 9	5 8 2 7 3
Title: F M R C H A I R M A N - N Y Status: P						
Last Name: L A V O Y First Name: R I C H A R D		2 2 2 9 0 4	1 5 0 0 0	8 1 4 4	2 4 3 2	2 4 8 4 8 0
Title: F M R P R E S I D E N T Status: P						
Last Name: M A Y E R First Name: S A M U E L		5 0 8 6 2	0 0	1 4 3 8 2	0 0	6 5 2 4 4
Title: V C H A I R M A N - N Y Status: C						
Last Name: M A Y H E W First Name: B R I A N		1 9 4 2 7 3	1 2 0 0 0	2 0 7 5 0	2 5 2 0	2 2 9 5 4 3
Title: F M R V I C E P R E S I D E N T Status: P						
Last Name: M O R G A N First Name: R O B E R T		1 4 1 0 1 9	9 0 0 0	1 9 5 2 4	1 5 5 9	1 7 1 1 0 2
Title: F M R S E C R - T R E A S Status: P						
Last Name: R O A C H First Name: S T E V E		4 3 8 6 0	0 0	2 7 0 7	1 8 6 6	4 8 4 3 3
Title: F M R V C H A I R M A N S F O Status: P						
Totals		898,217	36,000	107,239	13,998	1,055,454

ORGANIZATION NAME: _____

ENDING DATE OF PERIOD COVERED: _____

FILE NUMBER: _____

PAGE ____ OF ____ ADDITIONAL PAGES

SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS *(continued)*

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)					
Last Name _____ First Name _____ Title _____ Status _____						
Last Name _____ First Name _____ Title _____ Status _____						
Last Name _____ First Name _____ Title _____ Status _____						
Last Name _____ First Name _____ Title _____ Status _____						
Last Name _____ First Name _____ Title _____ Status _____						
Last Name _____ First Name _____ Title _____ Status _____						
Last Name _____ First Name _____ Title _____ Status _____						
Totals						

ORGANIZATION NAME: **Allied Pilots Association**

ENDING DATE OF PERIOD COVERED: **June 30, 2001**

FILE NUMBER: 0 5 9 - 8 4 9

PAGE 3 OF 3 ADDITIONAL PAGES

SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS (continued)

(A) Name (List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title (Enter title of officer, such as PRESIDENT or TREASURER.)	Status (C)					
Last Name: S H E E T S First Name: J E F F R E Y Title: V C H A I R M A N - D F W Status: C		7 5 2 3 0	0 0	1 7 5 9	2 9 8	7 7 2 8 7
Last Name: S O V I C H First Name: J A M E S Title: F M R C H A I R M A N - B O S Status: P		3 7 9 8 6	0 0	6 2 2 0	0 0	4 4 2 0 6
Last Name: S P R O C First Name: R O B E R T Title: V C H A I R M A N - M I A Status: C		3 3 0 2 7	0 0	1 2 6 8 5	0 0	4 5 7 1 2
Last Name: S T O N E First Name: K I M B A L L Title: F M R C H A I R M A N - T U L Status: P		1 0 1 0 2	0 0	6 5 9 5	1 8 2 5	1 8 5 2 2
Last Name: T R O M M E R First Name: S C O T T Title: F M R C H A I R M A N - S F O Status: P		5 5 6 8 4	0 0	1 0 0 6 0	1 8 3 1	6 7 5 7 5
Last Name: T U R C O T T E First Name: L E O N A R D Title: C H A I R M A N - B O S Status: C		7 5 7 5 0	0 0	1 2 7 4 4	5 8 7	8 9 0 8 1
Last Name: _____ First Name: _____ Title: _____ Status: _____						
Last Name: _____ First Name: _____ Title: _____ Status: _____						
Totals		287,779	00	50,063	4,541	342,383

ORGANIZATION NAME:

FILE NUMBER: _____

ENDING DATE OF PERIOD COVERED:

PAGE ____ OF ____ ADDITIONAL PAGES

SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS *(continued)*

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)					
Last Name _____ First Name _____ Title _____ Status _____						
Last Name _____ First Name _____ Title _____ Status _____						
Last Name _____ First Name _____ Title _____ Status _____						
Last Name _____ First Name _____ Title _____ Status _____						
Last Name _____ First Name _____ Title _____ Status _____						
Last Name _____ First Name _____ Title _____ Status _____						
Last Name _____ First Name _____ Title _____ Status _____						
Totals						

ORGANIZATION NAME: Allied Pilots Association

ENDING DATE OF PERIOD COVERED: June 30, 2001

FILE NUMBER: 0 5 9 - 8 4 9

PAGE 1 OF 21 ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position (Enter employee's job title.)						
(C) Name of Affiliated Organization (if applicable)						
Last Name B O G G E S S	First Name B E N N E T T	1 4 2 2 5 0	0 0	5 0 2 0	0 0	1 4 7 2 7 0
Position D I R O F R E P R E S E N T A T	Name of Affiliated Organization					
Last Name B R O W N	First Name D A V I D	1 8 4 1 6	0 0	0 0	0 0	1 8 4 1 6
Position M E M B E R	Name of Affiliated Organization					
Last Name B R O W N	First Name R O B E R T	3 7 9 7 8	0 0	1 5 7 2 7	0 0	5 3 7 0 5
Position M E M B E R	Name of Affiliated Organization					
Last Name B U R T O N	First Name M I D G E	3 3 0 2 5	0 0	0 0	0 0	3 3 0 2 5
Position C L E R I C A L	Name of Affiliated Organization					
Last Name C A R R E O N	First Name S U S I E	2 6 5 1 2	0 0	3 0	0 0	2 6 5 4 2
Position E M P L O Y E E	Name of Affiliated Organization					
Totals		258,181	00	20,777	00	278,958

ORGANIZATION NAME: Allied Pilots Association

ENDING DATE OF PERIOD COVERED: June 30, 2001

FILE NUMBER: 0 5 9 — 8 4 9

PAGE 2 OF 21 ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>						
(C) Name of Affiliated Organization <small>(if applicable)</small>						
Last Name: C A T A L A N O First Name: S T E V E Position: M E M B E R Name of Affiliated Organization:		3 4 3 0 9	0 0	3 4 3 1	0 0	3 7 7 4 0
Last Name: C H E S N U T T First Name: G A R R Y Position: M E M B E R Name of Affiliated Organization:		1 2 1 4 2	0 0	2 1 1 2	0 0	1 4 2 5 4
Last Name: C L A R K First Name: P A T R I C K Position: M E M B E R Name of Affiliated Organization:		2 2 1 6 4	0 0	1 1 6 4	0 0	2 3 3 2 8
Last Name: C L A R K - H I R S C H L I S A First Name: Position: E M P L O Y E E Name of Affiliated Organization:		3 2 0 6 5	0 0	0 0	0 0	3 2 0 6 5
Last Name: C O C H R A N First Name: H E N R Y Position: M E M B E R Name of Affiliated Organization:		1 3 0 8 8	0 0	0 0	0 0	1 3 0 8 8
Totals		113,768	00	6,707	00	120,475

ORGANIZATION-NAME: Allied Pilots Association

ENDING DATE OF PERIOD COVERED: June 30, 2001

FILE NUMBER: 0 5 9 - 8 5 9

PAGE 3 OF 21 ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position (Enter employee's job title.)						
(C) Name of Affiliated Organization (if applicable)						
Last Name COMPTON	First Name LINDA	56200	00	2791	00	58991
Position BENEFITS						
Name of Affiliated Organization						
Last Name COOPER	First Name JEFFREY	6754	00	3305	00	10059
Position MEMBER						
Name of Affiliated Organization						
Last Name CRONNIN	First Name MICHAEL	29189	00	8123	00	37312
Position MEMBER						
Name of Affiliated Organization						
Last Name DAVID	First Name JOHN	20934	00	8032	00	28966
Position MEMBER						
Name of Affiliated Organization						
Last Name DIOMEDE	First Name JOE	60950	00	00	00	60950
Position CONTRACT ADMINIS						
Name of Affiliated Organization						
Totals		174,027	00	22,251	00	196,278

ORGANIZATION NAME: Allied Pilots Association

ENDING DATE OF PERIOD COVERED: June 30, 2001

FILE NUMBER: 0 5 9 - 8 5 9

PAGE 4 OF 21 ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position (Enter employee's job title.)						
(C) Name of Affiliated Organization (if applicable)						
Last Name D O M I N Y Position M E M B E R Name of Affiliated Organization	First Name S T E V E N	4 3 4 7 8	0 0	3 5 8 5	0 0	4 7 0 6 3
Last Name D R Y E R Position M E M B E R Name of Affiliated Organization	First Name E R N E S T	3 7 0 0 3	0 0	4 7 6 5	1 4 4 5	4 3 2 1 3
Last Name D U F F Position E M P L O Y E E Name of Affiliated Organization	First Name A N D R E A	4 4 1 4 6	0 0	1 7 4 6	0 0	4 5 8 9 2
Last Name D U K E Position A T T O R N E Y Name of Affiliated Organization	First Name R A Y	1 1 2 5 0 0	0 0	1 4 2 6 2	0 0	1 2 6 7 6 2
Last Name E A T O N Position M E M B E R Name of Affiliated Organization	First Name J A M E S	2 1 4 8 7	0 0	5 7 2 9	0 0	2 7 2 1 6
Totals		258,614	00	30,087	1,445	290,146

ORGANIZATION NAME: Allied Pilots Association

FILE NUMBER: 0 5 9 - 8 5 7

ENDING DATE OF PERIOD COVERED: June 30, 2001

PAGE 5 OF 21 ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>						
(C) Name of Affiliated Organization <small>(if applicable)</small>						
Last Name E C H E V E R R I A	First Name J O R G E	6 9 1 7	0 0	3 3 2 4	0 0	1 0 2 4 1
Position M E M B E R						
Name of Affiliated Organization						
Last Name E H L E R S	First Name J O H N	1 6 5 2 0	0 0	1 7 4 0	0 0	1 8 2 6 0
Position M E M B E R						
Name of Affiliated Organization						
Last Name E L M O R E	First Name K E V I N	6 0 3 2 4	0 0	7 2 8 7	0 0	6 7 6 1 1
Position M E M B E R						
Name of Affiliated Organization						
Last Name E N G E L K E	First Name A N D R E W	4 4 7 8 7	0 0	1 5 2 0	0 0	4 6 3 0 7
Position M E M B E R						
Name of Affiliated Organization						
Last Name F L E M I N G	First Name S U Z A N N E	3 0 6 8 1	0 0	1 2 8 0	0 0	3 1 9 6 1
Position E M P L O Y E E						
Name of Affiliated Organization						
Totals		159,229	00	15,151	00	174,380

ORGANIZATION NAME: Allied Pilots Association

ENDING DATE OF PERIOD COVERED: June 30, 2001

FILE NUMBER: 0 5 9 - 8 5 9

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SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>						
(C) Name of Affiliated Organization <small>(if applicable)</small>						
Last Name F L U T Y	First Name K A R E N	2 8 5 2 3	0 0	0 0	0 0	2 8 5 2 3
Position E M P L O Y E E						
Name of Affiliated Organization						
Last Name G A L L A G H E R	First Name P A T R I C K	4 0 0 2 4	0 0	7 0 6 6	0 0	4 7 0 9 0
Position M E M B E R						
Name of Affiliated Organization						
Last Name G A L L O V I C H	First Name K E L L Y	1 1 1 0 4	0 0	5 1	0 0	1 1 1 5 5
Position E M P L O Y E E						
Name of Affiliated Organization						
Last Name G A Y L O R D	First Name P E T E R	1 0 6 5 6	0 0	1 2 6 9	0 0	1 1 9 2 5
Position M E M B E R						
Name of Affiliated Organization						
Last Name G O N Z A L E Z	First Name A N T H O N Y	4 2 3 0 0	0 0	9 0 7	0 0	4 3 2 0 7
Position P R I N T S H O P						
Name of Affiliated Organization						
Totals		132,607	00	9,293	00	141,900

ORGANIZATION NAME: Allied Pilots Association

ENDING DATE OF PERIOD COVERED: June 30, 2001

FILE NUMBER: 0 5 9 - 8 4 9

PAGE 7 OF 21 ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>						
(C) Name of Affiliated Organization <small>(if applicable)</small>						
Last Name G U Y N E S	First Name L I N D A	3 3 3 7 1	0 0	5 9 0	0 0	3 3 9 6 1
Position E M P L O Y E E	Name of Affiliated Organization					
Last Name H A I N A	First Name K E N T	2 5 9 9 2	0 0	8 5 8 4	0 0	3 4 5 7 6
Position M E M B E R	Name of Affiliated Organization					
Last Name H E B E R T	First Name S U Z E T T E	4 6 2 5 0	0 0	2 1 4	0 0	4 6 4 6 4
Position E M P L O Y E E	Name of Affiliated Organization					
Last Name H E P P	First Name C H A R L E S	7 7 4 4 6	0 0	1 4 0 4 4	1 4 8 4	9 2 9 7 4
Position M E M B E R	Name of Affiliated Organization					
Last Name H O B A N	First Name T H O M A S	1 0 6 6 3	0 0	5 8 2 8	0 0	1 6 4 9 1
Position M E M B E R	Name of Affiliated Organization					
Totals		193,722	00	29,260	1,484	224,466

ORGANIZATION NAME: Allied Pilots Association

ENDING DATE OF PERIOD COVERED: June 30, 2001

FILE NUMBER: 0 5 9 — 8 4 9

PAGE 8 OF 21 ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>						
(C) Name of Affiliated Organization <small>(if applicable)</small>						
Last Name H U G H E S	First Name B E V E R L Y	1 4 0 4 9	0 0	3 2 0	0 0	1 4 3 6 9
Position E M P L O Y E E						
Name of Affiliated Organization						
Last Name K N O E R R	First Name M I K E	1 0 7 0 0 0	0 0	2 4 2 3	0 0	1 0 9 4 2 3
Position D I R O F B E N E F I T S						
Name of Affiliated Organization						
Last Name K R O C K	First Name M O N I C A	1 1 6 1 3	0 0	0 0	0 0	1 1 6 1 3
Position E M P L O Y E E						
Name of Affiliated Organization						
Last Name K R U G E R	First Name R A L P H	1 2 8 0 6	0 0	2 8 9 5	0 0	1 5 7 0 1
Position M E M B E R						
Name of Affiliated Organization						
Last Name K U N E R T	First Name K E I T H	1 8 2 0 4	0 0	2 4 3 4	0 0	2 0 6 3 8
Position M E M B E R						
Name of Affiliated Organization						
Totals		163,672	00	8,072	00	171,744

ORGANIZATION NAME: Allied Pilots Association

FILE NUMBER: 0 5 9 — 8 4 9

ENDING DATE OF PERIOD COVERED: June 30, 2001

PAGE 9 OF 21 ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>						
(C) Name of Affiliated Organization <small>(if applicable)</small>						
Last Name L A U E R	First Name J O H N	4 3 3 1 2	0 0	2 8 1 9	0 0	4 6 1 3 1
Position M E M B E R						
Name of Affiliated Organization						
Last Name L A W R E N C E	First Name J O H N	1 0 9 0 0 0	0 0	4 0 3 5	0 0	1 1 3 0 3 5
Position D I R O F F I N / A C C T G						
Name of Affiliated Organization						
Last Name L E C H A S S E U R	First Name K A T E	1 5 4 1 6	0 0	0 0	0 0	1 5 4 1 6
Position E M P L O Y E E						
Name of Affiliated Organization						
Last Name L E O N E	First Name M I C H A E L	3 4 5 6 8	0 0	4 1 7 0	0 0	3 8 7 3 8
Position M E M B E R						
Name of Affiliated Organization						
Last Name L I T T L E	First Name J E A N	3 6 0 8 1	0 0	1 4 9	0 0	3 6 2 3 0
Position C L E R I C A L A C C T G						
Name of Affiliated Organization						
Totals		238,377	00	11,173	00	249,550

ORGANIZATION NAME: Allied Pilots Association

ENDING DATE OF PERIOD COVERED: June 30, 2001

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PAGE 10 OF 21 ADDITIONAL PAGES

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>						
(C) Name of Affiliated Organization <small>(if applicable)</small>						
Last Name L O G S D O N	First Name R O B E R T	1 7 4 2 7	0 0	4 7 5 1	0 0	2 2 1 7 8
Position M E M B E R						
Name of Affiliated Organization						
Last Name L O P E Z	First Name P E T E	3 5 4 6 0	0 0	8 0 4	0 0	3 6 2 6 4
Position E M P L O Y E E						
Name of Affiliated Organization						
Last Name M A N O S	First Name J A M E S	1 1 4 1 0 1	0 0	1 0 6 3 2	1 5 2 8	1 2 6 2 6 1
Position M E M B E R						
Name of Affiliated Organization						
Last Name M C C L E L L A N D	First Name D O U G L A S	1 5 6 3 4 8	0 0	2 1 2 0 4	1 4 5 4	1 7 9 0 0 6
Position M E M B E R						
Name of Affiliated Organization						
Last Name M C C L U N G	First Name R E N A T E	5 8 2 0 0	0 0	6 0 5	0 0	5 8 8 0 5
Position M G R G R A P H I C D E S						
Name of Affiliated Organization						
Totals		381,536	00	37,996	2,982	422,514

ORGANIZATION NAME: Allied Pilots Association

FILE NUMBER: 0 5 9 - 8 4 9

ENDING DATE OF PERIOD COVERED: June 30, 2001

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SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>						
(C) Name of Affiliated Organization <small>(if applicable)</small>						
Last Name M C D O N A L D	First Name M E G A N	2 8 2 3 1	0 0	5 3	0 0	2 8 2 8 4
Position E M P L O Y E E	Name of Affiliated Organization					
Last Name M C E L V A N Y	First Name L I Z	3 5 2 6 9	0 0	5 3 3	0 0	3 5 8 0 2
Position E M P L O Y E E	Name of Affiliated Organization					
Last Name M C G I L L	First Name F R A N C I S	9 1 2 2	0 0	2 4 2 2	0 0	1 1 5 4 4
Position M E M B E R	Name of Affiliated Organization					
Last Name M C N A M A R A	First Name J A M E S	1 4 2 9 1	0 0	5 0 6 9	0 0	1 9 3 6 0
Position M E M B E R	Name of Affiliated Organization					
Last Name M E L L E R S K I	First Name M I C H A E L	5 4 6 9 9	0 0	2 1 2 5	4 2 8	5 7 2 5 2
Position M E M B E R	Name of Affiliated Organization					
Totals		141,612	00	10,202	428	152,242

ORGANIZATION NAME: **Allied Pilots Association**

ENDING DATE OF PERIOD COVERED: **June 30, 2001**

FILE NUMBER: 0 5 9 - 8 4 9

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SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>						
(C) Name of Affiliated Organization <small>(if applicable)</small>						
Last Name M I C H A E L I S	First Name M I C H A E L	3 0 7 0 8	0 0	3 5 0 2	0 0	3 4 2 1 0
Position M E M B E R						
Name of Affiliated Organization						
Last Name M I C H A E L S E N	First Name K E N T	1 3 5 2 0	0 0	3 2 3 8	5 7 8	1 7 3 3 6
Position M E M B E R						
Name of Affiliated Organization						
Last Name M I L L E R	First Name R I C H A R D	1 7 2 8 5	0 0	2 6 9 0	0 0	1 9 9 7 5
Position M E M B E R						
Name of Affiliated Organization						
Last Name M I N E R	First Name T I M O T H Y	4 3 2 4 0	0 0	6 3 6 8	0 0	4 9 6 0 8
Position M E M B E R						
Name of Affiliated Organization						
Last Name M O R R I S O N	First Name P A T R I C I	3 9 4 6 5	0 0	0 0	0 0	3 9 4 6 5
Position C L E R I C A L	A C C T G					
Name of Affiliated Organization						
Totals		144,218	00	15,798	578	160,594

ORGANIZATION NAME: Allied Pilots Association

ENDING DATE OF PERIOD COVERED: June 30, 2001

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SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>						
(C) Name of Affiliated Organization <small>(if applicable)</small>						
Last Name M U E L L E R	First Name F R E D E R I	1 5 1 5 3	0 0	1 7 2 6	0 0	1 6 8 7 9
Position M E M B E R						
Name of Affiliated Organization						
Last Name O S H E L L	First Name H O W A R D	3 2 0 5 1	0 0	3 7 0 8	9 7 1	3 6 7 3 0
Position M E M B E R						
Name of Affiliated Organization						
Last Name O V E R M A N	First Name G R E G G	1 0 4 7 5 0	0 0	3 9 5 8	0 0	1 0 8 7 0 8
Position D I R O F C O M M U N I C A						
Name of Affiliated Organization						
Last Name P A V L I C A	First Name J A M E S	1 1 5 3 2	0 0	2 6 4 6	0 0	1 4 1 7 8
Position M E M B E R						
Name of Affiliated Organization						
Last Name P A Y N E	First Name J E S S I C A	2 8 9 2 4	0 0	1 8 3	0 0	2 9 1 0 7
Position E M P L O Y E E						
Name of Affiliated Organization						
Totals		192,410	00	12,221	971	205,602

ORGANIZATION NAME: Allied Pilots Association

ENDING DATE OF PERIOD COVERED: June 30, 2001

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SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>						
(C) Name of Affiliated Organization <small>(if applicable)</small>						
<div> <div>Last Name</div> <div>First Name</div> <div>P E A R C E M I C H A E L</div> <div>Position M E M B E R</div> <div>Name of Affiliated Organization</div> </div>		1 9 8 5 6	0 0	2 6 7	0 0	2 0 1 2 3
<div> <div>Last Name</div> <div>First Name</div> <div>P E N D E R G R A S S D O N</div> <div>Position P R I N T S H O P</div> <div>Name of Affiliated Organization</div> </div>		3 6 1 6 0	0 0	3 4 2	0 0	3 6 5 0 2
<div> <div>Last Name</div> <div>First Name</div> <div>P E T R E T T I D E N N I S</div> <div>Position M E M B E R</div> <div>Name of Affiliated Organization</div> </div>		6 3 0 2	0 0	8 4 4 7	0 0	1 4 7 4 9
<div> <div>Last Name</div> <div>First Name</div> <div>P H I L P O T J I M M Y</div> <div>Position M E M B E R</div> <div>Name of Affiliated Organization</div> </div>		1 1 2 2 8 8	0 0	1 1 1 1 7	0 0	1 2 3 4 0 5
<div> <div>Last Name</div> <div>First Name</div> <div>P I N I O N D O U G L A S</div> <div>Position M E M B E R</div> <div>Name of Affiliated Organization</div> </div>		1 3 6 5 2 9	0 0	6 8 0 6	1 2 7 1	1 4 4 6 0 6
Totals		311,135	00	26,979	1,271	339,385

ORGANIZATION NAME: Allied Pilots Association

ENDING DATE OF PERIOD COVERED: June 30, 2001

FILE NUMBER: 059-849

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SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>						
(C) Name of Affiliated Organization <small>(if applicable)</small>						
Last Name P L O N S K Y	First Name R I C H A R D	2 1 8 8 3	0 0	2 5 7 5	0 0	2 4 4 5 8
Position M E M B E R						
Name of Affiliated Organization						
Last Name P U R C E L L	First Name W I L L I A M	2 7 1 6 1	0 0	3 7 2 1	0 0	3 0 8 8 2
Position M E M B E R						
Name of Affiliated Organization						
Last Name P Y L E	First Name R O B E R T A	6 5 7 7 3	0 0	2 5 8 8	0 0	6 8 3 6 1
Position S R E X E C S E C R E T A R						
Name of Affiliated Organization						
Last Name Q U I N L A N	First Name J O H N	1 1 3 3 3	0 0	1 0 3	0 0	1 1 4 3 6
Position M E M B E R						
Name of Affiliated Organization						
Last Name R E I F S N Y D E R	First Name R O B E R T	7 0 9 1 8	0 0	2 1 3 8 3	0 0	9 2 3 0 1
Position M E M B E R						
Name of Affiliated Organization						
Totals		197,068	00	30,370	00	227,438

ORGANIZATION NAME: Allied Pilots Association

ENDING DATE OF PERIOD COVERED: June 30, 2001

FILE NUMBER: 0 5 9 - 8 4 9

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SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position (Enter employee's job title.)						
(C) Name of Affiliated Organization (if applicable)						
Last Name R I C H First Name P A U L Position M E M B E R Name of Affiliated Organization		3 4 4 0 9	0 0	1 9 8 6	0 0	3 6 3 9 5
Last Name R O M A N O First Name T H E L M A Position E M P L O Y E E Name of Affiliated Organization		7 0 7 0 0	0 0	3 7 4 4	0 0	7 4 4 4 4
Last Name R O S S E L O T First Name L A W R E N C Position M E M B E R Name of Affiliated Organization		6 0 4 9 2	0 0	6 9 2 5	1 9 2	6 7 6 0 9
Last Name R O S S E T T I First Name M I C H A E L Position M E M B E R Name of Affiliated Organization		1 6 0 4 2 2	0 0	1 1 5 3 9	1 5 0 3	1 7 3 4 6 4
Last Name R U B A E First Name M E L I S S A Position E M P L O Y E E Name of Affiliated Organization		3 1 1 2 1	0 0	0 0	0 0	3 1 1 2 1
Totals		357,144	00	24,194	1,695	383,033

ORGANIZATION NAME: Allied Pilots Association

ENDING DATE OF PERIOD COVERED: June 30, 2001

FILE NUMBER: 0 5 9 - 8 4 9

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SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name <i>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</i>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <i>(Enter employee's job title.)</i>						
(C) Name of Affiliated Organization <i>(if applicable)</i>						
Last Name R U B I N	First Name R I C H A R D	8 9 3 6 0	0 0	9 6 4 7	0 0	9 9 0 0 7
Position M E M B E R						
Name of Affiliated Organization						
Last Name R U S H I N G	First Name B R U C E	5 9 8 0 0	0 0	2 2 6 1	0 0	6 2 0 6 1
Position P R I N T S H O P						
Name of Affiliated Organization						
Last Name S A M M I S	First Name C H A R L E N	8 4 4 4	0 0	1 8 8 7	0 0	1 0 3 3 1
Position M E M B E R						
Name of Affiliated Organization						
Last Name S C H R I C K E R	First Name K A R L	3 8 8 7 0	0 0	2 3 3 1	0 0	4 1 2 0 1
Position M E M B E R						
Name of Affiliated Organization						
Last Name S C H R O E D E R	First Name K A T H Y	5 3 9 0 3	0 0	3 1 2	0 0	5 4 2 1 5
Position E M P L O Y E E						
Name of Affiliated Organization						
Totals		250,377	00	16,438	00	266,815

ORGANIZATION NAME: Allied Pilots Association

ENDING DATE OF PERIOD COVERED: June 30, 2001

FILE NUMBER: 0 5 9 - 8 4 9

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SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position (Enter employee's job title.)						
(C) Name of Affiliated Organization (if applicable)						
Last Name S C H U L E R First Name M A R K Position M E M B E R Name of Affiliated Organization		1 1 1 0 6	0 0	1 8 8 3	0 0	1 2 9 8 9
Last Name S H A N N O N First Name M A R T I N Position C O N T R A C T A D M I N I S Name of Affiliated Organization		9 4 7 6 1	0 0	0 0	0 0	9 4 7 6 1
Last Name S L O A N First Name A L I S H I A Position E M P L O Y E E Name of Affiliated Organization		1 4 5 8 9	0 0	0 0	0 0	1 4 5 8 9
Last Name S M I T H First Name W I L B U R N Position C O N T R A C T A D M I N I S Name of Affiliated Organization		7 2 3 7 5	0 0	0 0	0 0	7 2 3 7 5
Last Name S O P H O S First Name H A R R Y Position E M P L O Y E E Name of Affiliated Organization		7 0 6 0 0	0 0	1 1 9 8	0 0	7 1 7 9 8
Totals		263,431	00	3,081	00	266,512

ORGANIZATION NAME: Allied Pilots Association

ENDING DATE OF PERIOD COVERED: June 30, 2001

FILE NUMBER: 059-849

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SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>						
(C) Name of Affiliated Organization <small>(if applicable)</small>						
Last Name S T E L T Z E R	First Name H E I D I	3 8 0 0 9	0 0	4 2 0	0 0	3 8 4 2 9
Position E M P L O Y E E						
Name of Affiliated Organization						
Last Name S T E P H E N S	First Name M A R K	8 2 1 8 7	0 0	9 7 2 0	0 0	9 1 9 0 7
Position M E M B E R						
Name of Affiliated Organization						
Last Name S T E W A R T	First Name D A V I D	1 1 4 9 0	0 0	4 2 9 5	0 0	1 5 7 8 5
Position M E M B E R						
Name of Affiliated Organization						
Last Name T E T E N	First Name S U S A N	3 6 0 7 0	0 0	0 0	0 0	3 6 0 7 0
Position B E N E F I T S	C O O R D I N					
Name of Affiliated Organization						
Last Name T H O R N	First Name D E B B I E	5 3 8 0 1	0 0	9 2 5	0 0	5 4 7 2 6
Position O F F I C E	A D M I N I S T R					
Name of Affiliated Organization						
Totals		221,557	00	15,360	00	236,917

ORGANIZATION NAME: **Allied Pilots Association**

ENDING DATE OF PERIOD COVERED: **June 30, 2001**

FILE NUMBER: 059-849

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SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>						
(C) Name of Affiliated Organization <small>(if applicable)</small>						
Last Name V A N D E V E N T E R	First Name J O H N	2 3 2 9 0	0 0	2 4 2 1	0 0	2 5 7 1 1
Position M E M B E R						
Name of Affiliated Organization						
Last Name W A L K E R	First Name R O B E R T	1 0 6 1 9	0 0	1 8 4 9	0 0	1 2 4 6 8
Position M E M B E R						
Name of Affiliated Organization						
Last Name W E L L E R	First Name G A R Y	1 1 6 0 4	0 0	1 4 7 5	0 0	1 3 0 7 9
Position M E M B E R						
Name of Affiliated Organization						
Last Name W H I T E	First Name E D W I N	4 9 0 5 0	0 0	3 0 2 6	0 0	5 2 0 7 6
Position M E M B E R						
Name of Affiliated Organization						
Last Name W I L L S O N	First Name J A M E S	8 5 2 5 0	0 0	2 1 4 3 6	0 0	1 0 6 6 8 6
Position E M P L O Y E E						
Name of Affiliated Organization						
Totals		179,813	00	30,207	00	210,020

ORGANIZATION NAME: Allied Pilots Association

ENDING DATE OF PERIOD COVERED: June 30, 2001

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SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
<div> <div>Last Name</div> <div>W I S S I N G</div> <div>Position</div> <div>MEMBER</div> <div>First Name</div> <div>T O D D</div> <div>Name of Affiliated Organization</div> </div>	1 8 1 3 1	0 0	3 7 6 1	0 0	2 1 8 9 2
<div> <div>Last Name</div> <div>Z W I N G L E</div> <div>Position</div> <div>MEMBER</div> <div>First Name</div> <div>C H R I S T O</div> <div>Name of Affiliated Organization</div> </div>	2 7 9 8 9	0 0	3 3 1 8	0 0	3 1 3 0 7
<div> <div>Last Name</div> <div>P I T T S</div> <div>Position</div> <div>MEMBER</div> <div>First Name</div> <div>D O N A L D</div> <div>Name of Affiliated Organization</div> </div>	3 9 0 1 1	0 0	1 6 6 2 2	0 0	5 5 6 3 3
<div> <div>Last Name</div> <div></div> <div>Position</div> <div></div> <div>First Name</div> <div></div> <div>Name of Affiliated Organization</div> </div>					
<div> <div>Last Name</div> <div></div> <div>Position</div> <div></div> <div>First Name</div> <div></div> <div>Name of Affiliated Organization</div> </div>					
Totals	85,131	00	23, 701	00	108,832

ORGANIZATION NAME:

FILE NUMBER:

ENDING DATE OF PERIOD COVERED:

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SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES *(continued)*

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>						
(C) Name of Affiliated Organization <small>(if applicable)</small>						
<div> <div>Last Name</div> <div>First Name</div> </div> <div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>						
<div> <div>Last Name</div> <div>First Name</div> </div> <div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>						
<div> <div>Last Name</div> <div>First Name</div> </div> <div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>						
<div> <div>Last Name</div> <div>First Name</div> </div> <div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>						
<div> <div>Last Name</div> <div>First Name</div> </div> <div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>						
<div> <div>Last Name</div> <div>First Name</div> </div> <div> <div>Position</div> <div>Name of Affiliated Organization</div> </div>						
Totals						